Nevada Department of Public Safety

General Services Division
333 West Nye Lane, Suite 100
Carson City, Nevada 89706
Telephone (775) 684-6262 – Fax (775) 684-6274
www.nvrepository.state.nv.us

CIVIL APPLICANT ACCOUNT APPLICATION AND CHECKLIST

All applications must be completed in full with required documents included at the time of submission. Incomplete applications will be returned unprocessed.

□ Application completed in full.

□ A copy of your current Nevada State business license issued by the Secretary of State. If you need to obtain a copy or apply for a Nevada State business license, please visit www.nvsos.gov.

□ A copy of your Federal Tax ID letter issued by the IRS when you established your business. (Excludes Sole Proprietorships that are using Social Security Numbers.) If you did not retain a copy of this important document, you may call the IRS Customer Service Line at (800) 829-0115 for assistance.

□ A copy of the NRS, local ordinance or executive order which allow you to request fingerprints

□ If you are applying to use NRS Chapter 449, you must attach a copy of the license issued by the Health Division, Bureau of Health Care Quality & Compliance.

If you have volunteers working with children 16 years and younger, you may be eligible for funds established by the trust account per NRS 179A.140. If you qualify for these trust funds you will need to provide:

□ A copy of your 501(c)(3) issued by the **IRS** if applicable *(Provide this only if you have qualified volunteers working directly with children 16 years and younger.)*

NOTE: You will be notified in writing when your account has been established.

CIVIL APPLICANT FINANCIAL ACCOUNT APPLICATION

(Fingerprint based background check)

Company/Organization Name:
DBA:
Is this business a: ☐ Corporation ☐ Sole Proprietorship ☐ LLC/Partnership ☐ Private Livescan Agency
Please list any regulatory or auditing agency:
Federal Tax ID/Social Security Number
Are you 501(C)(3) eligible? Yes ☐ No ☐ If yes, attach a copy of your designation letter from the IRS
Are you applying to use NRS Chapter 449? Yes ☐ No ☐ If yes, attach a copy of license issued by the Health Division, Bureau of Health Care Quality & Compliance

Billing Information:

Primary			Secondary	
Contact Person:			Contact Person:	
Nevada Physical Address:			Telephone:	Fax:
Mailing Address:			Email:	
City:	State:	Zip:		
Nevada Telephone:				
Billing Contact Name:				
Telephone:	Fax:			
Email:				

Response Information: (Where we will send the response to the background investigation)

Company/Organization Name:			
Primary			**Secondary**
Contact Person:			Contact Person:
Mailing Address:			Telephone:
City:	State:	Zip:	Email:
Physical Address:			
City:	State:	Zip:	
Main Telephone:			
Email:			

Purpose of Background Investigation:

Type of Investigation:	Cite and attach NRS/City Ordinance for each type	NUF Acct # (if applicable)
☐ Criminal Justice Employees		
☐ Employees		
☐ Volunteers		
☐ Students		
☐ Work Cards		
☐ Licensing		

Additional Information:

Does your company/organization provide services to children under the age of 16? Yes ☐ No ☐
Please describe briefly what services your company/organization provides:
List any State or Federal mandates regarding fingerprint submission and your company/organization:
Where will Criminal History Record Information be maintained for auditing purposes? Nevada Physical Address:
Terms: Statements will be mailed each month. In order to maintain a current account, the balance in full must be paid within 10 days of receipt. If a credit limit is granted for this application, the account may be suspended if the credit limit is exceeded or if the account is not current. If an account is suspended, services will not be provided until the account terms are satisfied. Any change to organization information including address must be reported within 5 business days. I, the undersigned, have the authority and am the responsible party to apply for an account on behalf of the Company / Organization listed above. I agree to the terms listed above and I understand that any credit limit associated with this account is at the discretion of the Department of Public Safety, General Services Division.
Signature: Printed Name: Date: